

**MONTGOMERY GI BILL ACT OF 1984 (MGIB)
GENERAL INSTRUCTIONS**

PURPOSE: The DD Form 2366 provides an official record of each Service Member's decision regarding participation in the Montgomery GI Bill (MGIB) program. It is also used to ensure that the member understands his/her Montgomery GI educational entitlements. College fund benefits must be listed on the official contract.

RESPONSIBILITIES AND PROCEDURES

In-Processing. By law, the DD Form 2366 (Montgomery GI Bill Act of 1984 (MGIB)) must be completed and signed by new recruits within 14 days after entering the Service. The completed DD Form 2366 is the official record of the member's decision and becomes a part of his/her permanent personnel record. Each Service Member is to be informed of his/her eligibility for either the Montgomery GI Bill benefits or eligibility for Loan Repayment and the Army College Fund (ACF), Navy College Fund (NCF) benefits or the Marine Corps College Fund (MCCF). Each member is provided a one-time opportunity to waive his/her Montgomery GI Bill entitlement. Exceptions are Involuntary Separates under PL 101-510 and Section 561, and Voluntary Separates in accordance with PL 102-484, Section 4404.

Separation Processing. Military personnel counselors will review DD Form 2366 with each member reenlisting or separating from active duty to ensure that he/she understands the status of his/her eligibility and specific benefits. Each member will be provided a copy of his/her DD Form 2366 upon separation.

Validation of Entitlement. In coordination with the Department of Defense, the Department of Veterans Affairs independently validates a member's entitlement when the member enrolls in an educational institution.

ITEM 1. SERVICE MEMBER

a. Name. Print LAST, First, Middle Initial (and maiden name, if any), Jr., Sr., III, etc.
Examples: (a) SMITH, John R. Jr., (b) JOHNSON, Mary L. (BROWN)

b. Social Security Number (SSN). Enter the 9 digits in the appropriate block.

ITEM 2. STATEMENT OF UNDERSTANDING

a. Academy/ROTC Scholarship Graduates. To be completed for Service academy and ROTC scholarship graduate who is eligible for Montgomery GI Bill benefits.

(1) Service Member Signature. Obtain signature of Academy and ROTC graduate.

(2) Rank/Grade. Enter Rank first and Grade last.
Example: PVT/E-1

(3) Date Signed. Enter date as follows: YYYYMMDD.
Example: 20000615

b. Prior Service Member. To be completed by former Service Member.

(1) Service Member Signature. Obtain signature of Service Member.

(2) Rank/Grade. Enter Rank first and Grade last. Example: PVT/E-1

(3) Date Signed. Enter date as follows: YYYYMMDD.
Example: 20000615

ITEM 2. STATEMENT OF UNDERSTANDING (Continued)

c. All Other Service Members. Counselor will explain all items in this block to Service member. Service member will ensure that he/she understands all 13 items.

(a) Service Member Signature. Obtain signature of Service Member.

(b) Rank/Grade. Enter Rank first and Grade last.
Example: PVT/E-1

(c) Date Signed. Enter date as follows: YYYYMMDD.
Example: 20000615

ITEM 3. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS.

If applicable, enter the specific Army College Fund, Navy College Fund, Marine Corps College Fund (MCCF), or Loan Repayment Enlistment Option: Include pertinent term of service, reserve obligation, and military skill information; reference other relevant enlistment contract appendices. Ensure that Service member understands prerequisite requirements and benefits. This block should include the appropriate enlistment contract form number. Service member must be made aware that the DD Form 2366 is not an enlistment contract.

ITEM 4. STATEMENT OF DISENROLLMENT.

Service counselor will ensure the Service member fully understands the Statement of Disenrollment.

a. Date Signed. Enter date as follows: YYYYMMDD.
Example: 20000615

b. Rank/Grade. Enter Rank first and Grade last. Example: PVT/E-1

c. Service Member Signature. Obtain signature of Service member only if he/she elects to forego his/her benefits. Service counselor will ensure that the member fully understands the consequences of his/her decision.

ITEM 5. WITNESSING OFFICIAL. Self-explanatory.

a. Typed or Printed Name. Print LAST, First, Middle Initial (and maiden name, if any), Jr., Sr., III, etc.
Examples: (a) SMITH, John R. Jr.; (b) JOHNSON, Mary L. (BROWN)

b. Rank/Grade. Enter Rank first and Grade last.
Example: SFC/E-7 or GS 7

c. Signature. Obtain signature of witnessing official.

d. Date Signed. Enter date as follows: YYYYMMDD.
Example: 20000615

COPY DESIGNATIONS:

COPY 1 - INSTRUCTIONS
COPY 2 - OFFICIAL MILITARY/MASTER FILE
COPY 3 - PERSONNEL FILE/SERVICE RECORD
COPY 4 - FINANCE
COPY 5 - MEMBER

MONTGOMERY GI BILL ACT OF 1984 (MGIB)*(Chapter 30, Title 38, U.S. Code)***PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.**PRINCIPAL PURPOSE(S):** To establish eligibility to participate in the Montgomery GI Bill Act of 1984.**ROUTINE USE(S):** Information will be used as a resource document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.**DISCLOSURE:** Voluntary; however, failure to provide the Social Security Number and other personal information may delay processing of this form and may result in the respondent being automatically enrolled in the MGIB.

a. NAME <i>(LAST, First, Middle Initial)</i>	b. SOCIAL SECURITY NUMBER (SSN)
---	--

a. ACADEMY/ROTC SCHOLARSHIP GRADUATES I am NOT eligible for the MGIB because I am a Service Academy graduate/Reserve Officers' Training Corps (ROTC) scholarship graduate.

(1) SERVICE MEMBER SIGNATURE	(2) RANK/GRADE	(3) DATE SIGNED (YYYYMMDD)
------------------------------	----------------	----------------------------

b. PRIOR SERVICE MEMBER I am NOT eligible for the MGIB based upon this enlistment because this is not my initial entry on active duty.

(1) SERVICE MEMBER SIGNATURE	(2) RANK/GRADE	(3) DATE SIGNED (YYYYMMDD)
------------------------------	----------------	----------------------------

c. ALL OTHER SERVICE MEMBERS (1) I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985. (2) I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 4 below by the date designated by my Services. (3) I understand that UNLESS I DISENROLL from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate for EACH of the first 12 full months of active duty and this basic pay reduction CANNOT be REFUNDED, SUSPENDED OR STOPPED . (4) I must complete 36 months of active duty service before I am entitled to the current rate of monthly benefits for a period of 36 months. (5) If my obligation is less than 36 months, I understand that I must complete 24 months of active duty to receive the current rate of monthly benefits for a period of 36 months. (6) I must complete 24 months of active duty service and must join and serve honorably in the Selected Reserve for a minimum of 48 months in order to receive the current rate of monthly benefits for members who completed 36 months of service. (7) If a non-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment; or if on active duty August 2, 1990, prior to October 28, 1994. (8) I must use the MGIB within 10 years of release/discharge from active duty or completion of Selected Reserve obligation if qualifying under paragraph (6). (9) I must receive an HONORABLE discharge for service establishing entitlement to the MGIB. (10) I may use benefits in-service after 24 months of active duty. Benefits are limited to the cost of tuition and fees or the amount of assistance authorized, whichever is less. (11) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans Affairs (DVA). (12) I cannot receive any combination of DVA benefits in excess of 48 months and if I have received 12 months or more of benefits under any other VA program, my MGIB benefits will be appropriately adjusted. (13) My qualifying period of active duty service will not entitle me to both active duty MGIB and Selected Reserve MGIB benefits.

(a) SERVICE MEMBER SIGNATURE	(b) RANK/GRADE	(c) DATE SIGNED (YYYYMMDD)
------------------------------	----------------	----------------------------

I **DO NOT** desire to participate in the MGIB. I understand that I **WILL NOT** be able to enroll at a later date.

a. DATE SIGNED (YYYYMMDD)	b. RANK/GRADE	c. SERVICE MEMBER SIGNATURE
----------------------------------	----------------------	------------------------------------

a. TYPED OR PRINTED NAME <i>(LAST, First, Middle Initial)</i>	b. RANK/GRADE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
--	----------------------	---------------------	----------------------------------

MONTGOMERY GI BILL ACT OF 1984 (MGIB)*(Chapter 30, Title 38, U.S. Code)***PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.**PRINCIPAL PURPOSE(S):** To establish eligibility to participate in the Montgomery GI Bill Act of 1984.**ROUTINE USE(S):** Information will be used as a resource document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.**DISCLOSURE:** Voluntary; however, failure to provide the Social Security Number and other personal information may delay processing of this form and may result in the respondent being automatically enrolled in the MGIB.**a. NAME** (LAST, First, Middle Initial)**b. SOCIAL SECURITY NUMBER (SSN)****a. ACADEMY/ROTC SCHOLARSHIP GRADUATES**I am **NOT** eligible for the MGIB because I am a Service Academy graduate/Reserve Officers' Training Corps (ROTC) scholarship graduate.

(1) SERVICE MEMBER SIGNATURE

(2) RANK/GRADE

(3) DATE SIGNED (YYYYMMDD)

b. PRIOR SERVICE MEMBERI am **NOT** eligible for the MGIB based upon this enlistment because this is not my initial entry on active duty.

(1) SERVICE MEMBER SIGNATURE

(2) RANK/GRADE

(3) DATE SIGNED (YYYYMMDD)

c. ALL OTHER SERVICE MEMBERS

(1) I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985.

(2) I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 4 below by the date designated by my Services.

(3) I understand that **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate for **EACH** of the first 12 full months of active duty and this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED**.

(4) I must complete 36 months of active duty service before I am entitled to the current rate of monthly benefits for a period of 36 months.

(5) If my obligation is less than 36 months, I understand that I must complete 24 months of active duty to receive the current rate of monthly benefits for a period of 36 months.

(6) I must complete 24 months of active duty service and must join and serve honorably in the Selected Reserve for a minimum of 48 months in order to receive the current rate of monthly benefits for members who completed 36 months of service.

(7) If a non-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment; or if on active duty August 2, 1990, prior to October 28, 1994.

(8) I must use the MGIB within 10 years of release/discharge from active duty or completion of Selected Reserve obligation if qualifying under paragraph (6).

(9) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB.

(10) I may use benefits in-service after 24 months of active duty. Benefits are limited to the cost of tuition and fees or the amount of assistance authorized, whichever is less.

(11) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans Affairs (DVA).

(12) I cannot receive any combination of DVA benefits in excess of 48 months and if I have received 12 months or more of benefits under any other VA program, my MGIB benefits will be appropriately adjusted.

(13) My qualifying period of active duty service will not entitle me to both active duty MGIB and Selected Reserve MGIB benefits.

(a) SERVICE MEMBER SIGNATURE

(b) RANK/GRADE

(c) DATE SIGNED (YYYYMMDD)

I **DO NOT** desire to participate in the MGIB. I understand that I **WILL NOT** be able to enroll at a later date.**a. DATE SIGNED** (YYYYMMDD)**b. RANK/GRADE****c. SERVICE MEMBER SIGNATURE****a. TYPED OR PRINTED NAME** (LAST, First, Middle Initial)**b. RANK/GRADE****c. SIGNATURE****d. DATE SIGNED**
(YYYYMMDD)

MONTGOMERY GI BILL ACT OF 1984 (MGIB)*(Chapter 30, Title 38, U.S. Code)***PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.**PRINCIPAL PURPOSE(S):** To establish eligibility to participate in the Montgomery GI Bill Act of 1984.**ROUTINE USE(S):** Information will be used as a resource document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.**DISCLOSURE:** Voluntary; however, failure to provide the Social Security Number and other personal information may delay processing of this form and may result in the respondent being automatically enrolled in the MGIB.**a. NAME** (LAST, First, Middle Initial)**b. SOCIAL SECURITY NUMBER (SSN)****a. ACADEMY/ROTC SCHOLARSHIP GRADUATES**I am **NOT** eligible for the MGIB because I am a Service Academy graduate/Reserve Officers' Training Corps (ROTC) scholarship graduate.

(1) SERVICE MEMBER SIGNATURE

(2) RANK/GRADE

(3) DATE SIGNED (YYYYMMDD)

b. PRIOR SERVICE MEMBERI am **NOT** eligible for the MGIB based upon this enlistment because this is not my initial entry on active duty.

(1) SERVICE MEMBER SIGNATURE

(2) RANK/GRADE

(3) DATE SIGNED (YYYYMMDD)

c. ALL OTHER SERVICE MEMBERS

(1) I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985.

(2) I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 4 below by the date designated by my Services.

(3) I understand that **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate for **EACH** of the first 12 full months of active duty and this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED**.

(4) I must complete 36 months of active duty service before I am entitled to the current rate of monthly benefits for a period of 36 months.

(5) If my obligation is less than 36 months, I understand that I must complete 24 months of active duty to receive the current rate of monthly benefits for a period of 36 months.

(6) I must complete 24 months of active duty service and must join and serve honorably in the Selected Reserve for a minimum of 48 months in order to receive the current rate of monthly benefits for members who completed 36 months of service.

(7) If a non-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment; or if on active duty August 2, 1990, prior to October 28, 1994.

(8) I must use the MGIB within 10 years of release/discharge from active duty or completion of Selected Reserve obligation if qualifying under paragraph (6).

(9) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB.

(10) I may use benefits in-service after 24 months of active duty. Benefits are limited to the cost of tuition and fees or the amount of assistance authorized, whichever is less.

(11) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans Affairs (DVA).

(12) I cannot receive any combination of DVA benefits in excess of 48 months and if I have received 12 months or more of benefits under any other VA program, my MGIB benefits will be appropriately adjusted.

(13) My qualifying period of active duty service will not entitle me to both active duty MGIB and Selected Reserve MGIB benefits.

(a) SERVICE MEMBER SIGNATURE

(b) RANK/GRADE

(c) DATE SIGNED (YYYYMMDD)

I **DO NOT** desire to participate in the MGIB. I understand that I **WILL NOT** be able to enroll at a later date.**a. DATE SIGNED** (YYYYMMDD)**b. RANK/GRADE****c. SERVICE MEMBER SIGNATURE****a. TYPED OR PRINTED NAME** (LAST, First, Middle Initial)**b. RANK/GRADE****c. SIGNATURE****d. DATE SIGNED**
(YYYYMMDD)

MONTGOMERY GI BILL ACT OF 1984 (MGIB)*(Chapter 30, Title 38, U.S. Code)***PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.**PRINCIPAL PURPOSE(S):** To establish eligibility to participate in the Montgomery GI Bill Act of 1984.**ROUTINE USE(S):** Information will be used as a resource document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.**DISCLOSURE:** Voluntary; however, failure to provide the Social Security Number and other personal information may delay processing of this form and may result in the respondent being automatically enrolled in the MGIB.**a. NAME** (LAST, First, Middle Initial)**b. SOCIAL SECURITY NUMBER (SSN)****a. ACADEMY/ROTC SCHOLARSHIP GRADUATES**I am **NOT** eligible for the MGIB because I am a Service Academy graduate/Reserve Officers' Training Corps (ROTC) scholarship graduate.

(1) SERVICE MEMBER SIGNATURE

(2) RANK/GRADE

(3) DATE SIGNED (YYYYMMDD)

b. PRIOR SERVICE MEMBERI am **NOT** eligible for the MGIB based upon this enlistment because this is not my initial entry on active duty.

(1) SERVICE MEMBER SIGNATURE

(2) RANK/GRADE

(3) DATE SIGNED (YYYYMMDD)

c. ALL OTHER SERVICE MEMBERS

- (1) I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985.
- (2) I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 4 below by the date designated by my Services.
- (3) I understand that **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate for **EACH** of the first 12 full months of active duty and this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED**.
- (4) I must complete 36 months of active duty service before I am entitled to the current rate of monthly benefits for a period of 36 months.
- (5) If my obligation is less than 36 months, I understand that I must complete 24 months of active duty to receive the current rate of monthly benefits for a period of 36 months.
- (6) I must complete 24 months of active duty service and must join and serve honorably in the Selected Reserve for a minimum of 48 months in order to receive the current rate of monthly benefits for members who completed 36 months of service.
- (7) If a non-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment; or if on active duty August 2, 1990, prior to October 28, 1994.
- (8) I must use the MGIB within 10 years of release/discharge from active duty or completion of Selected Reserve obligation if qualifying under paragraph (6).
- (9) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB.
- (10) I may use benefits in-service after 24 months of active duty. Benefits are limited to the cost of tuition and fees or the amount of assistance authorized, whichever is less.
- (11) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans Affairs (DVA).
- (12) I cannot receive any combination of DVA benefits in excess of 48 months and if I have received 12 months or more of benefits under any other VA program, my MGIB benefits will be appropriately adjusted.
- (13) My qualifying period of active duty service will not entitle me to both active duty MGIB and Selected Reserve MGIB benefits.

(a) SERVICE MEMBER SIGNATURE

(b) RANK/GRADE

(c) DATE SIGNED (YYYYMMDD)

I **DO NOT** desire to participate in the MGIB. I understand that I **WILL NOT** be able to enroll at a later date.**a. DATE SIGNED** (YYYYMMDD)**b. RANK/GRADE****c. SERVICE MEMBER SIGNATURE****a. TYPED OR PRINTED NAME** (LAST, First, Middle Initial)**b. RANK/GRADE****c. SIGNATURE****d. DATE SIGNED**
(YYYYMMDD)